VILLAGE OF SAUGET

PHYSICAL/CHEMICAL
WASTEWATER TREATMENT PLANT
10 MOBILE STREET
SAUGET, ILLINOIS 62201
(618) 271-4085

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 775 727 693

May 1, 1995

RECEIVED

MAY 05 1995

IEPAVDLPC

Mr. William Radlinski
Illinois Environmental Protection Agency
Division of Land Pollution Control #2
Post Office Box 19276
Springfield, Illinois 62794-9276

Subject: 1994 Hazardous Waste Report- Sauget WWTP

Dear Mr. Radlinski:

Please find attached corrections to our facility's 1994 Hazardous Waste Report submitted March 1, 1995. The revised report addresses the quantities of wastes previously reported.

I can be reached with any questions or comments at (612) 337-1710 or at American Bottoms Treatment Plant, One American Bottoms Road, Sauget, Illinois 63012.

Sincerely,

C

CO

Kay E. Anderson

Environmental Compliance Manager

VILLAGE OF SAUGET

WASTEWATER TREATMENT PLANT

10 MOBILE STREET SAUGET, ILLINOIS 62201 RECEIVED

MAR U 2 1995

IEPA/DLPC

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 775 736 503

March 1, 1995

Mr. William Radlinski
Illinois Environmental Protection Agency
Division of Land Pollution Control #2
Post Office Box 19276
Springfield, Illinois 62794-9276

Subject: 1994 Hazardous Waste Report- Sauget WWTP

Dear Mr. Radlinski:

Please find attached our facility's 1993 Hazardous Waste Report.

I can be reached with any questions or comments at (618) 337-1710 or at American Bottoms Treatment Plant, One American Bottoms Road, Sauget, Illinois 63012.

Sincerely,

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C

Kay E. Anderson

Environmental Compliance Manager

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ILLINOIS Environmental Protection Agency 1994 Hazardous Waste Report Form IC — Identification and Certification

	instructions for this form fou This form must be complete		n on the above label.	If you need additional	forms for other locations, call i	EPA.
	SEC. 1 - GENERATOR S A. $\frac{1}{30}$ RCRA Generator Sta				RECEIVED	;
	1 = LQG 2 = SQG	Skip to Box C			MAR 0/2/1995	ō
	3 = CESQG	tor (Continue to Box B)			IEPA/DLPC	
8	Reason for not generat	ing (Check all that appl)	<i>(</i>)			
	31 Never generate			35 Periodic gene	erator, none in reporting year	
	22 Out of pusiness			36 Waste minimi	•	
	ээ Only excluded o	or delisted waste genera dous waste generated	ited	other (Specif	y in comments box)	
C	C. 1 Status Time Period:	1 = Expected to be the	same next year and	following years. 2 = 1	Expected to change next year.	
	SECTION II. ENTER TH	E SIC CODE(S) FOR	THIS LOCATION			
7	36	43	47	51		
. A	SECTION III. ON-SITE V λ . ss $\frac{1}{2}$ RCRA regulated λ . ss $\frac{1}{2}$ RCRA permitted λ . sr $\frac{1}{2}$ Treatment, disper-	d (permitted or interim st d or interim status treatm	atus) storage (Nu) nent, disposal, or rec	ycling (Ro)	estion)	
) ; (SECTION IV. WASTE MIN ONLY LOG'S SHOULD CO	NIMIZATION ACTIVITY OMPLETE SECTION IV)	Y DURING THIS RI	EPORTING YEAR (En	iter Y [Yes] or N [No] for questi	ons A-E)
, A	. se N Did this site beg If "yes" complete	in or expand a source re Form GM Section IV.	eduction activity this	year? If "no" refer to pa	age 48 and list factors in D first	row.
'в ⊃	se <u>N</u> Did this site beg If "yes" complete	in or expand a recycling Form GM Section IV.	activity this year?	"no" refer to page 48 a	and list factors in D first row.	
C	. ∞ <u> </u>	ematically investigate of	pportunities for sour	e reduction or recycling	3 ?	
D.	Did any of the factors lis site recycling activities the	ited on page 48 delay or his year; if yes, refer to p	r limit this site's abilit page 48 and enter Y	y to initiate new or addit on the appropriate row	tional source reduction or on-si below,	ite or off-
	SOURCE REDUCTION	LIMITING FACTORS				
	a b c	d f	_ g h	i i		
	RECYCLING LIMITING		• • •		n nrocassas)	
	8. 71 b. X c. 73	d e f	g h	i j k	81 82 M. 83 N. 84	0
Ε.	Does this site ha refer to page 49	ve in place an organized and mark all activities w	d program to implem thich describe your p	ent recycling and/or so rogram on spaces 87 th	urce reduction activities? If "ye hrough 99. (internal PP aud	its)
_					i I m. <u>Y</u>	
					⊶t Community educa	
SI	EC. V. This Agency is sufhorized to each day the fallure continues, a fine up	require this information under 41\$ in the second of the se	ILCA 5/4 and 21 (f)(2). Disclot up to 5 years. The form has	w a of this information in required, then approved by the Forms Mana	Felt re to do so may result in it civil penalty we recent Cector.	ip to \$25,800
C	ERTIFICATION I contry under	r penalty of law that I have personally of the personal of the	y exemined and am lemitar w	th the information submitted in this	and all attriched documents, and that bessel (I am aware that there are significant penaltic	on my inquiry se for sub
- SA?	: Please print: Last Hame	Gallagher	<u> </u>	First Name <u>Danie</u>	B. Title Plant	
C.	Signature	CT BI	1		nature 3-/- 95	
		/			Dama 0004 -4	A

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C.:

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62201

ILLINOIS Environmental Protection Agency 1994 Hazardous Waste Report Form IC — Identification and Certification

Instructions for this form found on pages 6 - 12. This form must be completed for the location shown on the	above label. If you need additional forms for other locations, call IEPA.
SEC. 1 - GENERATOR STATUS A. 1 RCRA Generator Status (Enter one code)	REC (III
1 = LQG 2 = SQG 3 = CESQG 4 = Nongenerator (Continue to Box B)	
B. Reason for not generating (Check all that apply) 11 Never generated 12 Out of pusiness 13 Only excluded or delisted waste generated 14 Only non-haze dous waste generated	Periodic generator, none in reporting year Waste minimization activity Other (Specify in comments box)
SECTION II. ENTER THE SIC CODE(S) FOR THIS L	• • •
4 9 5 2	51
SECTION III. ON-SITE WASTE MANAGEMENT STAR. A. ss 1 RCRA regulated (permitted or interim status) sto B. se 1 RCRA permitted or interim status treatment, disp C 1 Treatment, disposal, or recycling exampt from R SECTION IV. WASTE MINIMIZATION ACTIVITY DURIN (ONLY LOG'S SHOULD COMPLETE SECTION IV)	orage (No) posai, or recycling (No)
	activity this year? If "no" refer to page 48 and list factors in D first row.
B. So N. Did this site begin or expand a recycling activity of "yes" complete Form GM Section IV.	this year? If "no" refer to page 48 and list factors in D first row.
	les for source reduction or recycling?
Did any of the factors listed on page 48 delay or limit this site recycling activities this year, if yes, refer to page 48	s site's ability to initiate new or additional source reduction or on-site or off- and enter Y on the appropriate row below.
SOURCE REDUCTION LIMITING FACTORS a b c d e f g RECYCLING LIMITING FACTORS (Lack of tech in a b. $\frac{V}{71}$ c d e f g	<i>,</i>
E. Y Does this site have in place an organized program refer to page 49 and mark all activities which des	m to implement recycling and/or source reduction activities? If "yes", scribe your program on spaces 87 through 99. (Internal PP audits)
a, <u>Y</u> b. <u>aa</u> c. <u>aa</u> d. <u>aa</u> e. <u>fa</u> g.	h i j k l, m. <u>Y</u>
SEC. V. This Agency is authorized to require this information under 415 ILCA 5/4 and for rach day the father continues, a fine up to 81,000,000 00 and imprisonment up to 5 yea. CERTIFICATION I portly under penalty of law line. I have personally examined.	and any tarretar with the information submitted in this and all attached documents, and that based on my insular
A. Please print. Last Name Gallagher	First Name Daniel B. Title Plant Manag

D. Date of signature

ILLINOIS Environmental Protection Agency 1994 Hazardous Waste Report Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30.

	c. I WASTE DESCRIPTION	
A.	Waste Description: Grit from was	tewater treatment containing benzene
B. ⁻	EPA Hazardous Waste Code D 0 1 8	34 35 42 46
D.	Origin Code Signature System type M N/A	E. Source code A 7 5 A A A (Wastewater treatment G. Waste form code B3 1 9 (Inorganic not pumpable) I. TRI constituent 1 (No TRI required) 2. 3. 91
F.	Point of measurement $\frac{1}{66}$ (Unmixed)	G. Waste form code $\frac{B_3}{60} = \frac{1}{9}$ (Inorganic not pumpable)
H.	Radioactive mixed 2 (No)	1. TRI constituent 1 (No TRI required)
J.	CAS numbers: 1. N/A	23
	4,	5 · · ·
	99	107
	c. II QUANTITY GENERATED AND MAN	
A.	UOM 3 Density 9.79 lbs/gal (Sam	e unit and density must be used for all quantities on this page) (1bs)
טי	antity generated in : B Previous reporting year	
D.	Did this location do any of the following to this	waste (at this location): manage in exempt or regulated treatment,
-	recycling, or disposal process? N Y= Ye	Quantity managed on-site this year Guantity managed on-site this year 145 Quantity managed on-site this year
S	On-Site System 1: System Type M 145	Quantity managed on-site this year
<u>.</u>	On-Site System 2: System Type M	Quantity managed on-site this year
•	155	159
Se	c. III OFF-SITE SHIPMENT	
A.	Was any of this waste shipped cff site this rep	orting year? Y Y= Yes (Continue to Box B, N= No (Skip to Sec. IV)
9110	1: Name and address of facility:	Chemical Waste Management - Emelle
٤.		Alabama Highway 17 at Mile Marker 163
		Emelle, Alabama 35459
	B. U.S. EPA ID No. of facility waste was shipp	ped to: $\frac{A}{170}$ L D 0 0 0 6 2 2 4 6 4 (Commercial) T: $\frac{2}{187}$ $\frac{6}{6}$ $\frac{6}{8}$ $\frac{1}{8}$ $\frac{1}{8}$
c >	C. System type shipped to M 1 3 2 (Lan	df111)D. Off-site availability code $\frac{1}{100}$ (Commercial)
-	E. Total quantity shipped in this reporting year	r:2 6 6 8 0 1 5
She	2: Name and address of facility:	187
	B. U.S. EPA ID No. of facility waste was shipp	ed to:
	C. System type shipped to M	D. Offisite availability code
	C. Total constitution and in this constitution	213
	E. Total quantity shipped in this reporting year	214
Sec	. IV NEW WASTE MINIMIZATION ACTIV	ITIES
n,	A '- MA ACTIVITIES HI THIS YEAR TOSUR IN T. MINIMIZE	ation of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. -	Activity W W W W W 231 234	C. Other effects (Y=Yes, N=No)
D .	Quantity recycled in reporting year due to new	activities
	Activity/production index	F. Reporting year Source reduction quantity
e	V DECULATED STORAGE	•••
	. V REGULATED STORAGE	an and then phin it all alta the pite shows in Contract 1980. The second state of the
		re and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
3.	Did this site store RCRA wastes on-site for mor	re than 90 days but waste is in storage at year end: (Y= Yes, N= NJ) N
	Quantity stored at year end and for 90 day	s or more that was generated this reporting year:
	Quantity stored at year end that was gener	rated prior to this reporting year:
	· · · · · · · · · · · · · · · · · · ·	27 3
		All said

Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Original manifests corrected to show that was not a DO21

ILD000672329 163/2/5003

LLINOIS Environmen! Protection Agency
1994 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30

Sec. 1 WASTE DESCRIPTION	
A Waste Description: Grit from was:	tewater treatment containing benzene
3. EPA Hazardous Waste Code D 0 1 8	
C SIC code $\frac{4}{9}$ $\frac{9}{5}$ $\frac{5}{2}$	
Ongin Code 3 System type M N/A	E. Source code A 7 5 A A (Nastewator treatment)
F Point of measurement 1 (Unmixed)	G. Waste form code 83 1 9 (Inorganic not pumpable)
A Radioactive mixed $\frac{2}{2}$ (No)	1. TRI constituent 1 (No TRI required)
CAS numbers: 1. NA A	E. Source code A 7 5 A A (Wastewater treatment) G. Waste form code B3 1 9 (Inorganic not pumpable) I. TRI constitution 1 (No TRI required) 2. 3. 91
4	5
Sec. II QUANTITY GENERATED AND MAN	AGED ON-SITE
	e unit and density must be used for all quantities on this page) (16s)
ntity generated in : B Previous reporting year	
Did this location do any of the following to this	waste (at this location): manage in exempt or regulated treatment,
recycling, or disposal process? N Y= Ye	s (Cuntinue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M	Quantity managed on-site this year
On-Site System 2: System Type M	Quantity managed on-site this year Quantity managed on-site this year 155
	159
36c. III OFF-SITE SHIPMENT	
Was any of this waste shipped off site this rep	orting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. 117)
	Chemical Waste Management - Emelle Alabama Highway 17 at Mile Marker 163
C.	Emelle, Alabama 35459
5 B. U.S. EPA ID No. of facility waste was shipp	ped to: A L D 0 0 0 6 2 2 4 6 4
C. System type shipped to M 1 3 2 (Lan	ped to: $\frac{A}{120}$ $\frac{L}{100}$ $\frac{0}{100}$ $\frac{6}{100}$ $\frac{2}{100}$ $\frac{4}{100}$ $\frac{4}{100}$ $\frac{4}{100}$ $\frac{1}{100}$ $\frac{1}{100$
E. Total quantity shipped in this reporting year	123870
। ि रे: Name and address of facility:	187
,	
B. U.S. EPA ID No. of facility waste was shipp	and In:
C. System type thinned to M.	D. Official availability code
E. Total quantity shipped to this speeding year	213
C. Sy-tom typs chipped to M Total quantity shipped in this reporting year	· 214 · ·
ec. IV NEW WASTE MINIMIZATION ACTIV	
Did new activities in this year result in minimize	ation of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
Activity W W W W W W W W	
Quantity recycled in reporting year due to new	activities 22?
Activity/production index	F. Reporting year Source reduction quantity
218	7. Hopoting year Source respection domining
€C. V REGULATED STORAGE	·
Did this site store RCRA wastes 90 days or mo	ore and then ship it off-site (to site shown in Section III)? (YaYes, NaNo) N
Did this site store RCRA wastes on site for mo	re than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
	rs or more that was generated this reporting year:
Quantily slored at year end that was gene	anted many to this connection was as
	rated prior to this reporting year:
TAMENTS: Y Enter Y (Yes) if you have	
OTHMENTS: Y Enter Y (Yes) if you have	e comments regarding this page and attach 6 "ra sheet Page 2
(A)	fests corrected to show that was not a DO21 was

[Lo 3:13:12 | MMTD | 1:2 12:1

LLINOIS Environmental Protection Agency 1994 Hazardous Waste Report Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION	
A. Waste Description: Grit from wastewater treatment containing benzene and PCBs	
B.: EPA Hazardous Waste Code <u>D</u> <u>0</u> <u>1</u> <u>8</u> C. SIC code <u>4</u> <u>9</u> <u>5</u> <u>2</u> 42 44 45	
C. SIC code 4 9 5 2 D. Origin Cride 30 3 System type M N/A F. Point of measurament 1 (Unmixed) H. Radioactive mixed 2 (No) J. CAS numbers: 1. N/A 4. Sp. 32 34 42 44 44 42 44 44 42 44 44 42 44 44 44	
D. Ongin Cride 3 System type M N/A E. Source code A / 3 A A G (Wastewater treatments)	int)
TPI constituent 1 (Unmixed) G. Waste form code B 3 1 9 (Inorganic not pumpable)	
H. Hadioactive mixed 2 (No) 1. THI Constituent 1 (No IRI required)	
J. CAS numbers: 1. N/A	
4. ₉₉	
Sec. II QUANTITY GENERATED AND MANAGED ON-SITE	
A. UOM 3 Density 9.79 lbs/gal (Same unit and density must be used for all quantities on this page) (1bs)	
Orantity generated in B. Previous reporting year	_
Or antity generated in : B. Previous reporting year	
recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)	
On-Site System 1: System Type M Quantity managed on-site this year	
On-Site System 1: System Type M Quantity managed on-site this year	
Sec. III OFF-SITE SHIPMENT	
A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV) She 1: Name and address of facility: Chemical Waste Management - Emelle	
Alabama Highway 17 at Mile Marker 163	
Emelle. Alabama 35459	
C. System type shipped to M 1 3 2 (Landfill) D. Off-site availability code 1 (Commercial) E. Total quantity shipped in this reporting year: 3 3 3 4 1883.	
C. System type shipped to $\frac{M}{182} = \frac{1}{3} = \frac{3}{2}$ (Landfill) D. Off-site availability code $\frac{1}{188}$ (Commercial)	
E. Total quantity shipped in this reporting year: 3 3 3 4 3.	
Site 2: Name and address of facility:	
B. U.S. EPA ID No. of facility waste was shipped to:	
C. System type snipped to M D. On-site availability code	
B. U.S. EPA ID No. of facility waste was shipped to: C. System type shipped to M D. Off-site availability code E. Total quantity shipped in this reporting year: 214	
Sec. IV NEW WASTE MINIMIZATION ACTIVITIES	
N. Did new activities in this year result in minimization of this waste? $\frac{N}{224}$ Y= Yes (Cont. to 3ox B) N= No (Cont. to Sec. V)	
3. Activity W W W W W W W C. Other effects (Y=Yes, N=No) 237 Ouantity recycled in reporting year due to new activities	
Quantity recycled in reporting year due to new activities 238	
F. Reporting year Source reduction quantity	-
Sec. V REGULATED STORAGE	
L. Did this site store RCRA wastes 90 days or more and then ship it oif-site (to site shown in Section III)? (Y=Yes, N=No)	
$L \supseteq Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y = Y = S, N = N)$	
Quantity stored at year end and for 90 days or more that was generated this reporting year:	_
Ouantity stored at year end that was generated prior to this reporting year:	4.
တ် ပါ	Syright Service
■ AI ★ NA	12
COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.	

ILLINOIS Environmental Protection Agency 1994 Hazardous Waste Report Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION	
A. Waste Description: Waste oil recovered during wastewater treatment ignitable and	zeni
B. EPA Hazardous Waste Code D 0 0 1 D 0 1 8 contains bens	
C. SIC code 4 9 5 2	
D. Origin Code 3 System type M N/A E. Source code A 7 5 A A Wastewater treatment) F. Point of measurement 1 (Unmixed) H. Padioactive mixed 2 (No) E. Source code A 7 5 A A A Wastewater treatment) G. Waste form code B2 0 6 (Waste oil) I. TRI constituent 1 (No TRI required)	
F. Point of measurement 1 (Unmixed) G. Waste form code 52 0 0 (Waste off)	
H. Hadioactive mixed 2 (No) 1. Al Constituent 1 (No TRI required)	
J. CAS numbers: 1. N/A 2 3 3	
4 5 5	
Sec. II QUANTITY GENERATED AND MANAGED ON-SITE	
A. UOM 3 Density 8.2 _ lbs/gal (Same unit and density must be used for all quantities on this page) (1bs)	
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment,	
recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)	
On-Site System 1: System Type M Quantity managed on-site this year	
On-Site System 1: System Type M Quantity managed on-site this year On-Site System 2: System Type M Quantity managed on-site this year 155	٧.
Sec. III OFF-SITE SHIPMENT	·
A. Was any of this waste shipped off site this reporting year? Y Y Yes (Continue to Box B) 12- No (Skip to Sec. IV)	
Sign 1: Name and address of facility: Continental Cement	
Highway 79 S	
Hannibal, MO 63401	7 Y
B. U.S. EPA ID No. of facility waste was shipped to: M 0 D 0 5 4 0 1 8 2 8 8	
C. System type shipped to $M = 0.5 \frac{1}{recovery}$ (Commercial)	
Hannibal, MO 63401 B. U.S. EPA ID No. of facility waste was shipped to: M 0 D 0 5 4 0 1 8 2 8 8 C. System type shipped to M 0 5 1 (Energy recovery) D. Off-site availability code 1 (Commercial) C. E. Total quantity shipped in this reporting year: 4 3 3 1004	
Site 2: Name and address of facility:	4.3
	•
C. R. LLS EPAID No of facility waste was shipped to:	
C. B. U.S. EPA ID No. of facility waste was shipped to: C. System type shipped to M D. Off-site availability code E. Total quantity shipped in this reporting year:	
C. System type snipped to M	
E Total quantity snipped in this reporting year.	
Sec. IV NEW WASTE MINIMIZATION ACTIVITIES	
A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)	
B. Activity W W W C. Other effects (Y=Yes, N=No)	
D. Quantity recycled in reporting year due to new activities	
E. Activity/production index F. Reporting year Source reduction quantity 251	
Sec. V REGULATED STORAGE	
A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N	•
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N	
Quantity stored at year and and for 00 days or more that was apported this reporting year:	
Quantity stored at year end that was generated prior to this reporting year:	. بولاد د د دلادی در
Quantity stored at year end that was generated prior to this reporting year:	
COMMENTS: Enter Y (Yes) If you have comments regarding this page and attach extra sheet.	

J. A DAR. 22 220 42	
ILD 000672329 163	
	LLINOIS Environment Protection Agency
• • • •	1994 Hazardous Waste Report
5.1 Ī	Form GM Waste Generation and Management
estructions for this form found on pages 13 - 30	
Sec. I WASTE DESCRIPTION	
Waste Description. Waste oil recove	cred during wastewater treatment ignitable and
EPA Hazardous Waste Code D 0 0 1	D 0 1 8 contains benzene
Origin Code 3 System type M 11774	C. Waste form and a P. 2. 0.6 (Wastewater treatment)
Point of measurement (Unmixed)	G. Waste form code B2 U O (Waste off)
Hackbactive mixed $\frac{2}{75}$ (No)	1. THI CONSTITUENT 14 (No TRI required)
CAS numbers: 1. N/A	E. Source code A 7 5 A A GS (Wastewater treatment) G. Waste form code B 2 0 6 (Waste oil) I. TRI constituent 1 (No TRI required) 2. 3. 91
4	5
Sec. II QUANTITY GENERATED AND MANA	ACED ONLSITE
: LION 3 Density 8 2 Instruct / Same	unit and density must be used for all our office on this page? I 15-1
Transity constraint in : B. Previous renotting year	4 9 4 0 9 6 C Current reporting year 4-7-7-4-0- 177700
Did this incation do any of the following to this	unit and density must be used for all quantities on this page) (1bs) 4 9 4 0 9 6 C. Current reporting year 4-3-3-4-0 177700 vaste (at this location): manage in exempt or regulated treatment,
C. recurring or disposal process? N. Y-Ves	(Continue to System 1) No No (Skin to Soc III)
Tto	(Continue to System 1) N= No (Skip to Sec. III)
On Site System 2: System Type M	Quantity managed on-site this year Ouantity managed on-site this year 1359
Chi-Site System Type III	159
Sec. III OFF-SITE SHIPMENT	
Was any of this waste shipped off site this report	rting year? Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
The 1. Name and address at taxiibu	nental Cement
Highw	ay 79 S
Hanni	bal, MO 63401
C B. U.S. EPA ID No. of facility waste was shipped	70 10: M U D U S 4 U 1 8 2 8 8
C. System type snipped to MU 3 1 reco	very) D. Oil-site availability code 1 (Commercial)
E. Total quantity shipped in this reporting year:	bal, MO 63401 bd to: M 0 D 0 5 4 0 1 8 2 8 8 gy very) D. Off-site availability code 1 (Commercial) 187 187 177700
ICa 2: Name and address of facility:	
•	
~- - C :	
B. U.S. EPA ID No. of facility waste was shippe	of to:
C. System type shipped to M	D. Off-site availability code
C. System type shipped to M E. Total quantity shipped in this reporting year:	213
Sec. IV NEW WASTE MINIMIZATION ACTIVIT	ries
	tion of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
A maintain 188 188 188	O Observations W March Match
Ouantsy recycled in reporting year due to new a	activities 237
Activity/production index	ctivities F. Reporting year Source reduction quantity

.ec. V REGULATED STORAGE

Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N Ouantity stored at year end and for 90 days or more that was generated this reporting year:

Ouantity stored at year end that was generated prior to this reporting year:

MAMENTS: _____ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Page 4

143 12:51 13 1530 T WATE 130 MORILE AVE

5:2:1

ILLINOIS Environmental Protection Agency 1994 Hazardous Waste Report Form TI — Transporter Identification

Instructions for this form found on page 31.

	202681.	Illinois Special Waste Hauling Permit No.	0 0 7 5
Transporter Name and Address:	Central Serv	enue e	
2 LIS ERAIDNO T T.D 0 0	Sauget, Illi 848193		0 0 8 2
Transporter Name and Address:	1010.113	Illinois Special Waste Hauling Permit No.	130
	Peoria Dispo 1113 N. Swor Peoria, Illi		
3. U.S. EPA ID No. ILD 0 5 3 Transporter Name and Address:	980272.	Illinois Special Waste Hauling Permit No.	0 0 2 8
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8. U.S. EPA ID No.		Illinois Special Waste Hauling Permit No.	154 ———
Transporter Name and Address:			

Enter Y (Yes) if you have comments regarding this page and attach extra sheet.